

Commonwealth of Kentucky Personnel Cabinet

Prepared for:
Kentucky Group Health Insurance Board Members

March 2007

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Dashboard Report

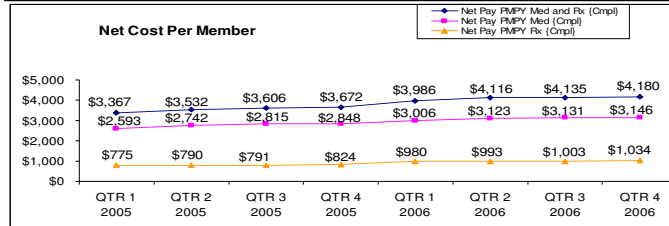
Based on Incurred Claims

Includes projections for Incurred but not yet reported claims (IBNR or CMPL)

1. Enrollment

Fact	Nov 2005 - Oct 2006	Nov 2004 - Oct 2005	% Change
Employees Avg Med	146,538	143,772	1.90%
Members Avg Med	234,627	229,135	2.40%
Family Size Avg	1.6	1.6	0.50%
Member Age Avg	37.0	37.1	-0.10%

2. Net Claims Costs PMPY - (PMPY Costs as calculated at the end of each Quarter)

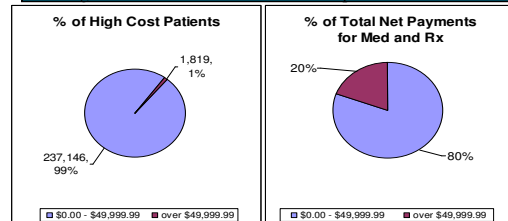


3. Allowed Claims Costs PMPY with Norms

	Nov 2004 - Oct 2005	Nov 2005 - Oct 2006	Trend	Recent US Norm	Comp to Norm
Allow Amt PMPY Med (Cmpl)	\$3,103.95	\$3,439.19	11%	\$3,421.44	0.52%
Allow Amt PMPY IP Acute (Cmpl)	\$911.24	\$981.20	8%	N/A	N/A
Allow Amt PMPY OP Med (Cmpl)	\$2,171.78	\$2,442.33	12%	\$2,305.42	5.61%
Allow Amt PMPY OP Fac Med (Cmpl)	\$1,005.90	\$1,011.31	1%	N/A	N/A
Allow Amt PMPY Office Med (Cmpl)	\$767.46	\$869.99	13%	\$0.00	N/A
Allow Amt PMPY OP Lab (Cmpl)	\$137.78	\$201.59	46%	\$0.00	N/A
Allow Amt PMPY OP Rad (Cmpl)	\$288.40	\$411.89	43%	\$0.00	N/A
Out of Pocket PMPY Med (Cmpl)	\$294.09	\$320.16	9%	\$596.98	-86.46%
Allow Amt PMPY Rx (Cmpl)	\$1,072.62	\$1,182.21	10%	\$942.01	20.32%
Out of Pocket PMPY Rx (Cmpl)	\$275.28	\$221.38	-20%	\$0.00	N/A

Above Norm
Below Norm

4. High cost Claimants: October 2005 - September 2006



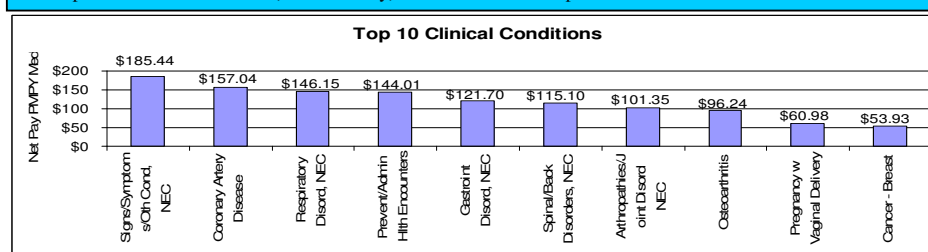
5. Prescription Drug Programs

Fact	Nov 2004 - Oct 2005	Nov 2005 - Oct 2006	% Change
Mail Order Discount Off AWP % Rx	26.43%	31.95%	20.90%
Scripts Generic Efficiency Rx	85.75%	90.39%	5.41%
Retail Discount Off AWP % Rx	26.41%	32.02%	21.25%
Scripts Generic Efficiency Rx	91.16%	93.71%	2.80%
Total Discount Off AWP % Rx	26.41%	32.01%	21.21%
Scripts Generic Efficiency Rx	90.97%	93.58%	2.87%
Scripts Maint Rx % Mail Order	5.41%	6.38%	17.99%

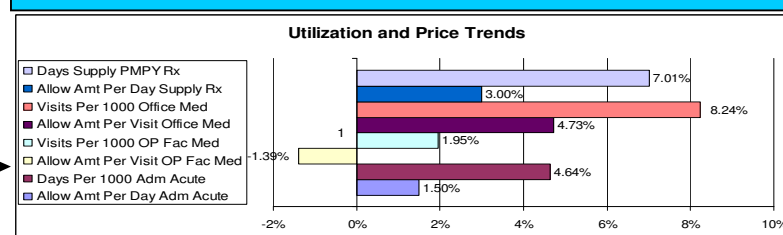
6.b. Cost Driver Support Table

Fact	Nov 2004 - Oct 2005	Nov 2005 - Oct 2006	% Change
Allow Amt Per Day Adm Acute	\$2,804.24	\$2,846.18	1.50%
Days Per 1000 Adm Acute	320.44	335.32	4.64%
Allow Amt Per Visit OP Fac Med	\$644.32	\$635.39	-1.39%
Visits Per 1000 OP Fac Med	1,561.18	1,591.63	1.95%
Allow Amt Per Visit Office Med	\$103.19	\$108.07	4.73%
Visits Per 1000 Office Med	7,437.19	8,050.16	8.24%
Allow Amt Per Day Supply Rx	\$2.15	\$2.22	3.00%
Days Supply PMPY Rx	498.70	533.66	7.01%

7. Top 10 Clinical Conditions (Medical Only): October 2005 to September 2006



6. Cost Drivers



Introduction

The Department for Employee Insurance (DEI) is pleased to provide an analysis of the Kentucky Employees Health Plan. In response to requests for data analysis this report has been prepared to provide information related to enrollment, claims payment, and utilization.

It is the Department's intent to update this information on a monthly basis in an effort to continue to provide current information about Kentucky's Health Insurance Program.

Overview

This report is compiled using Medstat, which is DEI's health insurance information management system. Medstat warehouses enrollment and claims data. Enrollment data is provided by DEI while claims data is provided by each carrier and/or TPA.

Claims information may be analyzed by either "incurred" or "paid" dates. "Incurred" reports specify paid amounts for claims that were incurred in a specified timeframe. Due to the lag time in submittal and payment of claims, historical reports that are based on incurred claims may change significantly with each new database update since additional incurred claims will be added. "Paid" claims reports specify the paid amount for claims regardless of when the claims may have been incurred. Unless otherwise specified, data contained in this report are based on "incurred" claims.

Enrollment in the KEHP changes on a daily basis due to a variety of reasons such as: new hires, adding dependents, dropping dependents, marriage, divorce, becoming Medicare eligible, etc. Therefore, Medstat is dealing with a fluid enrollment base. Also, each carrier processes claims slightly differently. During 2005 Medstat processed enrollment information for a total of 253,984 members as well as 7,196,140 claims (3,083,368 Medical claims and 4,048,855 prescriptions) from five different carriers. When dealing with such large numbers it is impossible to tag every claim to a corresponding group, carrier, service type, etc. While the tagging rate for the KEHP data exceeds 99%, you may still see information on reports stated as "~Missing". This indicates any enrollment or claims that could not be "tagged" by Medstat.

Definitions

DEI utilized the following definitions in preparing reports:

- “Employee” represents an individual eligible to participate in KEHP as a retiree in either KTRS or KRS, or by being employed by one of the agencies that participate with KEHP (example: state employee, school boards, Quasi agency, etc.). Employee may also be referred to as “planholder” or “contracts”. Please note that Medstat deals with Cross-reference plans uniquely. Although there are in fact two “employees” Medstat can only designate the planholder as an employee. Therefore, the cross-referenced spouse is considered a dependent and all claims and utilization data related to them is counted as a “member”.
- “Member” includes all employees plus any dependents that are covered through the KEHP. Members may also be referred to as “covered lives”.
- “Group” is Kentucky Retirement System (KRS), Kentucky Teachers Retirement System (KTRS), State Employees, School Boards, or Other (includes: COBRA, Health Departments, KCTCS, Quasi/Local Governments).
- “Plan” is Commonwealth Essential, Commonwealth Enhanced, Commonwealth Premier, HMO Option A, HMO Option B, POS Option A, POS Option B, PPO Option A, PPO Option B, or EPO Option C.
- “Carrier” may be Aetna, Anthem, Bluegrass Family Health, CHA Health, United Healthcare, or Humana (please note that Express Scripts data is designated as Humana).
- “Generic Efficiency” means the number of prescriptions that are filled with a generic product as a percentage of the total number of prescriptions where a generic is available.
- “OOP” is the amount paid out-of-pocket by the member for facility, professional, and prescription drug services. This generally includes coinsurance, co-payment, and deductible amounts.
- “Allowed Amount” is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.
- “Net Payment” is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, co-payment, coinsurance, and deductible amounts have been subtracted.
- “Patients” is the unique count of members who received facility, professional, or pharmacy services.
- “Days Supply” is the number of days for which drugs were supplied for prescriptions filled. It represents the number of days of drug therapy covered by a prescription.
- “Mail Order” is computed as any script filled with a “days supply” of more than 30 days, regardless of the physical location where the prescription was filled.
- “Retail” is computed as any script filled with a “days supply” of 30 days or less, regardless of the physical location where the prescription was filled.

Enrollment

The following details planholder enrollment (contracts) for 2004, 2005, 2006 and monthly year-to-date for 2007. Enrollment will fluctuate on a monthly basis. (Note: There have been approximately 7,000 cross-referenced spouses in any given month that are not included in the following chart.)



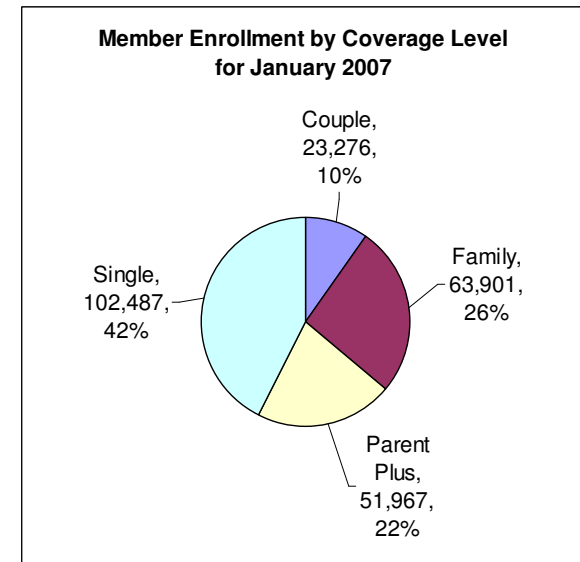
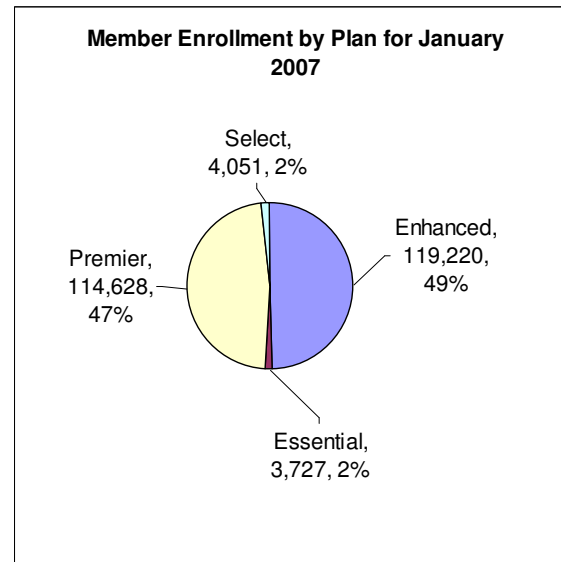
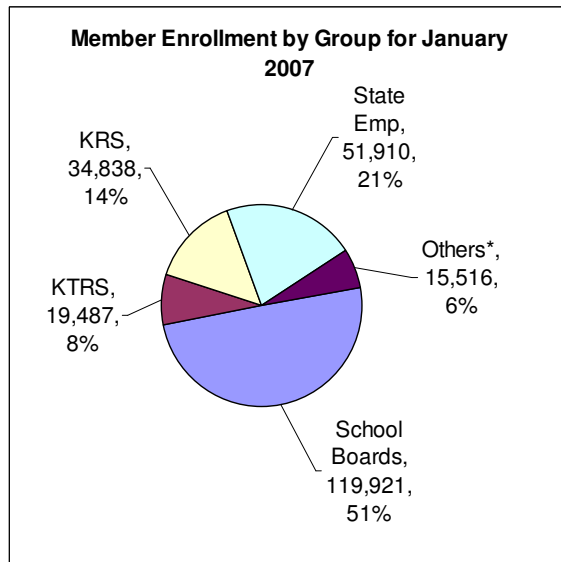
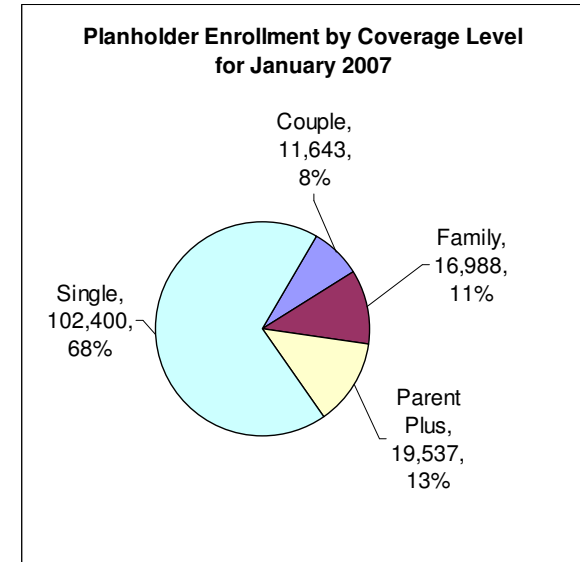
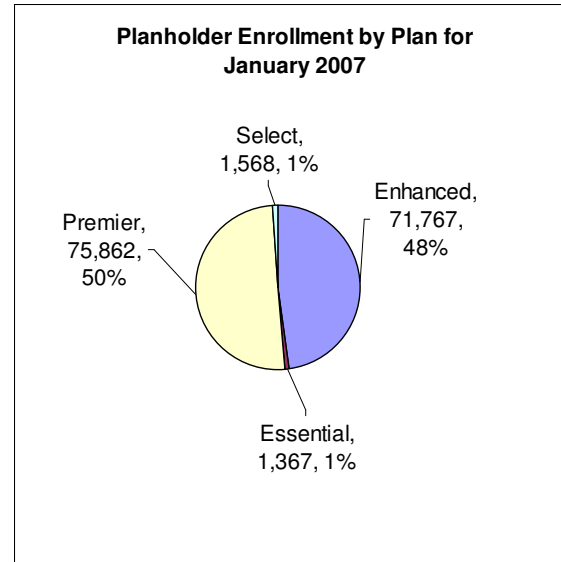
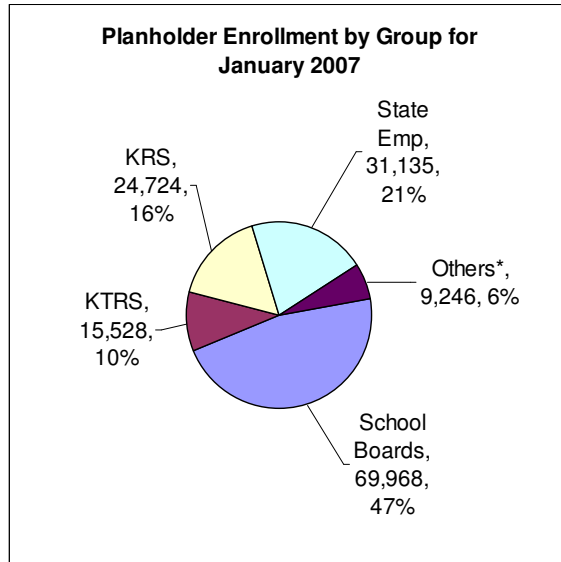
The following details member enrollment (covered lives) for 2004, 2005, 2006 and monthly year-to-date for 2007. Enrollment will fluctuate on a monthly basis.



The following shows the number of cross-reference spouses for 2004, 2005, 2006 and monthly year-to-date for 2007. Number of Cross-Reference Spouses will fluctuate on a monthly basis.

Time Period	Number of Cross-Reference Spouses
Avg - 2004	5,004
Avg - 2005	7,020
Avg - 2006	7,123
Jan-07	7,210

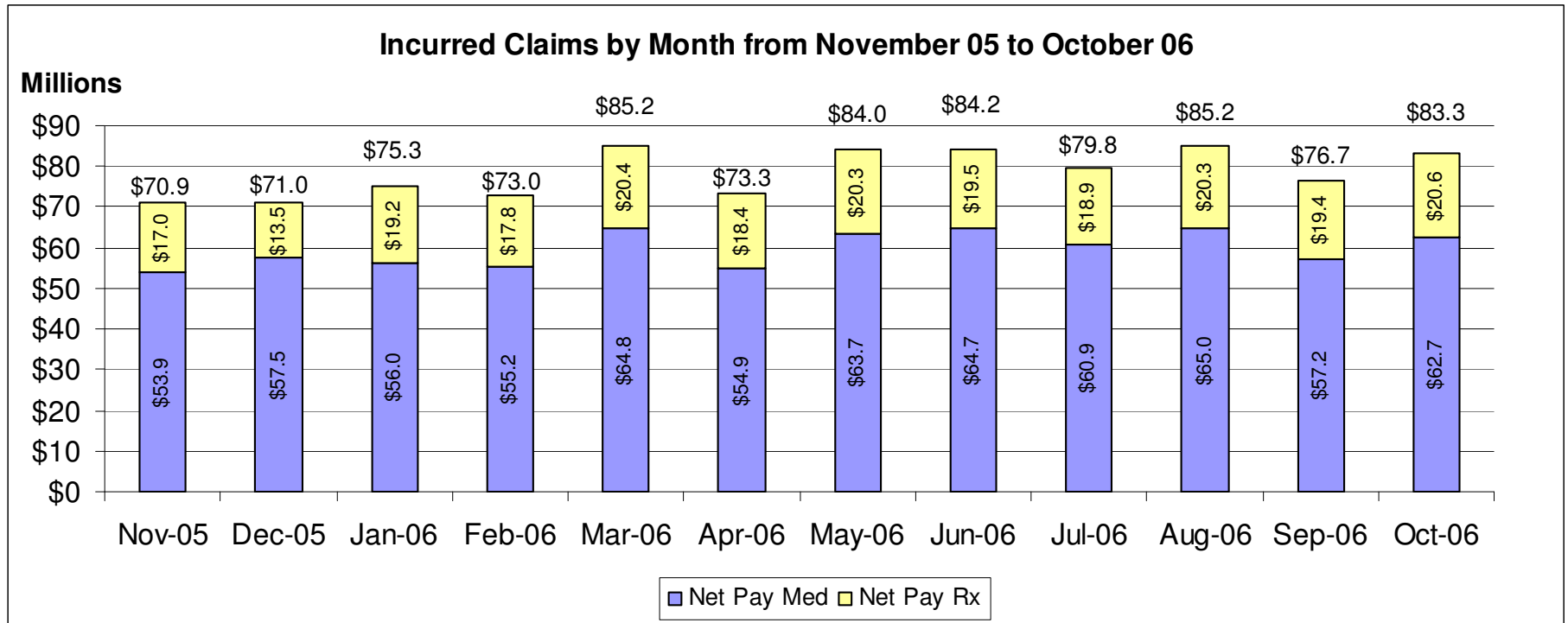
The following displays Planholder and Member enrollment by group, plan, and coverage level.



* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

Claims Costs

Claims costs, including Medical and Prescription (Rx) for the most recent rolling year. Based on Incurred Claims.



NOTE: Includes run out data from all Carriers

The following represents incurred medical claims only (does not include Rx) by Group for 2004, 2005, and monthly year-to-date for 2006.

	School Boards	KTRS	KRS	State Employees	Others*	Totals
2004	\$246,734,786	\$70,871,782	\$106,215,251	\$123,508,962	\$43,074,069	\$590,404,850
2005	\$258,968,850	\$80,519,150	\$122,173,852	\$127,187,327	\$43,294,828	\$632,144,008
Jan-06	\$22,173,573	\$7,192,414	\$11,786,403	\$11,536,178	\$3,356,378	\$56,044,946
Feb-06	\$22,195,001	\$6,949,670	\$11,162,692	\$11,089,533	\$3,830,852	\$55,227,747
Mar-06	\$25,655,788	\$8,075,171	\$12,428,973	\$14,624,434	\$4,034,315	\$64,818,680
Apr-06	\$21,917,508	\$7,209,526	\$10,168,675	\$12,032,552	\$3,542,171	\$54,870,433
May-06	\$25,343,442	\$8,262,620	\$13,049,001	\$13,092,317	\$3,921,283	\$63,668,663
Jun-06	\$29,777,422	\$7,412,157	\$11,717,634	\$11,914,099	\$3,902,102	\$64,723,414
Jul-06	\$26,980,478	\$7,403,499	\$10,766,562	\$12,001,312	\$3,724,432	\$60,876,283
Aug-06	\$24,977,140	\$8,791,612	\$13,721,557	\$12,842,144	\$4,619,338	\$64,951,791
Sep-06	\$22,875,516	\$7,693,461	\$11,388,944	\$11,726,750	\$3,531,352	\$57,216,024
Oct-06	\$25,056,598	\$7,908,104	\$13,170,190	\$12,295,502	\$4,275,598	\$62,705,992

* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

The following represents incurred Rx claims only (does not include medical) by Group for 2004, 2005, and monthly year-to-date for 2006.

	School Boards	KTRS	KRS	State Employees	Others*	Total RX
2004	\$65,554,794	\$24,644,841	\$34,889,675	\$32,606,398	\$10,801,244	\$168,496,952
2005	\$69,962,581	\$27,103,055	\$39,829,872	\$34,366,451	\$11,563,371	\$182,825,330
Jan-06	\$7,464,611	\$2,901,069	\$4,270,027	\$3,550,677	\$1,054,366	\$19,240,749
Feb-06	\$7,092,204	\$2,495,379	\$3,895,208	\$3,313,285	\$981,386	\$17,777,462
Mar-06	\$8,159,549	\$2,974,940	\$4,376,217	\$3,761,970	\$1,110,341	\$20,383,017
Apr-06	\$7,228,131	\$2,690,833	\$4,093,207	\$3,387,500	\$1,034,079	\$18,433,750
May-06	\$7,961,453	\$2,993,114	\$4,487,186	\$3,704,562	\$1,177,777	\$20,324,093
Jun-06	\$7,662,555	\$2,888,796	\$4,326,974	\$3,536,698	\$1,072,960	\$19,487,984
Jul-06	\$7,218,877	\$2,817,463	\$4,417,074	\$3,413,573	\$1,062,706	\$18,929,694
Aug-06	\$7,748,320	\$3,089,248	\$4,655,934	\$3,667,514	\$1,131,546	\$20,292,561
Sep-06	\$7,443,504	\$2,967,982	\$4,451,687	\$3,422,541	\$1,151,847	\$19,437,561
Oct-06	\$7,978,672	\$3,099,561	\$4,697,687	\$3,657,729	\$1,168,120	\$20,601,769

* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

The following represents incurred medical claims only (does not include Rx) by Plan for 2004, 2005, and monthly year-to-date for 2006.

Time Period	Commonwealth Enhanced	Commonwealth Essential	Commonwealth Premier	HMO*	POS*	PPO*	EPO Option C	Missing*	Total
2004	\$618,383	\$103,010	\$991,694	\$128,686,362	\$122,122,351	\$322,136,706	\$0	\$12,494,373	\$587,152,878
2005	\$224,286,191	\$5,666,043	\$399,116,529	\$3,666	\$11,805	\$183,537	\$0	\$468	\$629,268,239
Jan-06	\$20,493,430	\$390,246	\$35,050,875	\$0	\$0	\$0	\$0	\$0	\$55,934,551
Feb-06	\$20,513,824	\$587,800	\$33,839,816	\$0	\$0	\$0	\$0	\$0	\$54,941,440
Mar-06	\$24,316,289	\$368,443	\$39,700,455	\$0	\$0	\$0	\$0	\$0	\$64,385,188
Apr-06	\$20,944,345	\$330,592	\$33,138,644	\$0	\$0	\$0	\$0	\$0	\$54,413,581
May-06	\$24,250,002	\$438,120	\$38,677,583	\$0	\$0	\$0	\$0	\$0	\$63,365,705
Jun-06	\$25,149,083	\$338,365	\$38,843,670	\$0	\$0	\$0	\$0	\$0	\$64,331,118
Jul-06	\$23,967,702	\$405,351	\$36,174,627	\$0	\$0	\$0	\$0	\$0	\$60,547,680
Aug-06	\$25,023,240	\$551,872	\$38,813,439	\$0	\$0	\$0	\$52	\$0	\$64,388,603
Sep-06	\$22,144,836	\$323,234	\$34,423,122	\$0	\$0	\$0	\$0	\$0	\$56,891,193
Oct-06	\$24,583,118	\$460,641	\$37,230,672	\$0	\$0	\$0	\$0	\$0	\$62,274,431

*HMO = HMO Option A plus HMO Option B POS = POS Option A plus POS Option B PPO= PPO Option A plus PPO Option B

*Missing means the claims could not be tagged to a specific plan.

The following represents incurred Rx claims only (does not include medical) by plan for 2004, 2005, and monthly year-to-date for 2006.

Time Period	Commonwealth Enhanced	Commonwealth Essential	Commonwealth Premier	HMO*	POS*	PPO*	EPO Option C	Missing*	Total
2004	\$45,196	\$2,359	\$74,909	\$59,139,093	\$13,498,633	\$94,806,542	\$684,426	\$245,795	\$168,496,952
2005	\$64,879,223	\$1,341,401	\$116,062,858	\$13,027	\$3,674	\$25,483	\$496	\$499,168	\$182,825,330
Jan-06	\$6,874,422	\$107,047	\$12,215,387	\$0	\$0	\$0	\$0	\$43,893	\$19,240,749
Feb-06	\$6,458,604	\$96,238	\$11,134,875	\$0	\$0	\$0	\$0	\$87,745	\$17,777,462
Mar-06	\$7,464,020	\$97,425	\$12,734,426	\$0	\$0	\$0	\$0	\$87,145	\$20,383,017
Apr-06	\$6,590,329	\$91,953	\$11,665,745	\$0	\$0	\$0	\$0	\$85,723	\$18,433,750
May-06	\$7,366,285	\$102,998	\$12,770,579	\$0	\$0	\$0	\$0	\$84,231	\$20,324,093
Jun-06	\$7,003,570	\$89,045	\$12,325,084	\$0	\$0	\$0	\$0	\$70,285	\$19,487,984
Jul-06	\$6,801,244	\$83,267	\$11,971,708	\$0	\$0	\$0	\$0	\$73,475	\$18,929,694
Aug-06	\$7,361,230	\$95,646	\$12,764,226	\$0	\$0	\$0	\$0	\$71,459	\$20,292,561
Sep-06	\$7,083,396	\$91,783	\$12,188,698	\$0	\$0	\$0	\$0	\$73,684	\$19,437,561
Oct-06	\$7,561,997	\$91,755	\$12,887,051	\$0	\$0	\$0	\$0	\$60,966	\$20,601,769

*HMO = HMO Option A plus HMO Option B POS = POS Option A plus POS Option B PPO= PPO Option A plus PPO Option B

*Missing means the claims could not be tagged to a specific plan.

The following represents incurred medical claims only (does not include Rx) by Carrier for 2004, 2005, and monthly year-to-date for 2006.

Time Period	Anthem	Bluegrass Family Health	CHA Health	Humana	United Healthcare	~Missing*	Total
2004	\$534,701	\$224,164,646	\$139,754,525	\$222,352,699	\$346,307	\$3,251,972	\$590,404,850
2005	\$90,570,181	\$227,291,671	\$118,943,065	\$424,324	\$192,038,997	\$2,875,769	\$632,144,008
Jan-06	\$6,524	\$119,057	\$12,630	\$55,783,082	\$13,258	\$110,396	\$56,044,946
Feb-06	N/A	N/A	N/A	\$54,941,440	N/A	\$286,307	\$55,227,747
Mar-06	N/A	N/A	N/A	\$64,385,188	N/A	\$433,492	\$64,818,680
Apr-06	N/A	N/A	N/A	\$54,413,581	N/A	\$456,852	\$54,870,433
May-06	N/A	N/A	N/A	\$63,365,705	N/A	\$302,958	\$63,668,663
Jun-06	N/A	N/A	N/A	\$64,331,118	N/A	\$392,295	\$64,723,414
Jul-06	N/A	N/A	N/A	\$60,547,680	N/A	\$328,603	\$60,876,283
Aug-06	N/A	N/A	N/A	\$64,388,603	N/A	\$563,188	\$64,951,791
Sep-06	N/A	N/A	N/A	\$56,891,193	N/A	\$324,831	\$57,216,024
Oct-06	N/A	N/A	N/A	\$62,274,431	N/A	\$431,561	\$62,705,992

*Missing means the claims could not be tagged to a specific Carrier.

The following represents incurred Rx claims only (does not include medical) by Carrier for 2004, 2005, and monthly year-to-date for 2006.

Time Period	Anthem	Bluegrass Family Health	CHA Health	Humana	United Healthcare	~Missing*	Total
2004	\$17,314	\$61,324,944	\$42,603,314	\$64,273,189	\$32,397	\$245,795	\$168,496,952
2005	\$28,656,463	\$67,495,825	\$33,854,074	\$39,651	\$52,280,149	\$499,168	\$182,825,330
Jan-06	\$9,191	\$31,845	\$17,397	\$19,130,673	\$7,750	\$43,893	\$19,240,749
Feb-06	\$0	\$0	\$0	\$17,689,716	\$0	\$87,745	\$17,777,462
Mar-06	\$0	\$0	\$0	\$20,295,871	\$0	\$87,145	\$20,383,017
Apr-06	\$0	\$0	\$0	\$18,348,028	\$0	\$85,723	\$18,433,750
May-06	\$0	\$0	\$0	\$20,239,862	\$0	\$84,231	\$20,324,093
Jun-06	\$0	\$0	\$0	\$19,417,698	\$0	\$70,285	\$19,487,984
Jul-06	\$0	\$0	\$0	\$18,856,219	\$0	\$73,475	\$18,929,694
Aug-06	\$0	\$0	\$0	\$20,221,103	\$0	\$71,459	\$20,292,561
Sep-06	\$0	\$0	\$0	\$19,363,877	\$0	\$73,684	\$19,437,561
Oct-06	\$0	\$0	\$0	\$20,540,803	\$0	\$60,966	\$20,601,769

*Missing means the claims could not be tagged to a specific Carrier.

The following represents incurred medical claims only (does not include Rx) by Coverage Level for 2004, 2005, and monthly year-to-date for 2006.

Time Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2004	\$79,913,106	\$103,803,550	\$85,464,962	\$317,971,261	\$3,251,972	\$590,404,850
2005	\$87,669,983	\$118,702,239	\$88,185,687	\$334,709,939	\$2,876,160	\$632,144,008
Jan-06	\$7,924,413	\$10,167,351	\$7,486,881	\$30,355,906	\$110,396	\$56,044,946
Feb-06	\$8,221,303	\$10,119,785	\$6,806,908	\$29,793,444	\$286,307	\$55,227,747
Mar-06	\$9,239,307	\$12,250,524	\$8,259,413	\$34,635,944	\$433,492	\$64,818,680
Apr-06	\$8,118,764	\$10,411,892	\$6,921,026	\$28,961,899	\$456,852	\$54,870,433
May-06	\$9,759,346	\$11,203,019	\$8,830,003	\$33,573,337	\$302,958	\$63,668,663
Jun-06	\$9,243,126	\$12,421,807	\$7,943,895	\$34,722,290	\$392,295	\$64,723,414
Jul-06	\$8,418,429	\$11,882,039	\$8,357,418	\$31,889,793	\$328,603	\$60,876,283
Aug-06	\$9,168,881	\$11,713,876	\$8,698,223	\$34,807,623	\$563,188	\$64,951,791
Sep-06	\$8,048,794	\$10,131,548	\$7,595,156	\$31,115,695	\$324,831	\$57,216,024
Oct-06	\$8,676,682	\$12,588,807	\$8,294,609	\$32,714,333	\$431,561	\$62,705,992

* Unable to tag claims to a specific coverage level.

The following represents incurred Rx claims only (does not include Medical) by Coverage Level for 2004, 2005, and monthly year-to-date for 2006.

Time Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2004	\$26,000,775	\$29,722,962	\$19,085,089	\$93,442,331	\$245,795	\$168,496,952
2005	\$28,952,348	\$34,228,770	\$19,155,064	\$99,989,679	\$499,469	\$182,825,330
Jan-06	\$3,209,933	\$3,473,476	\$2,048,276	\$10,465,171	\$43,893	\$19,240,749
Feb-06	\$2,879,667	\$3,253,302	\$1,981,569	\$9,575,179	\$87,745	\$17,777,462
Mar-06	\$3,234,763	\$3,775,736	\$2,256,021	\$11,029,351	\$87,145	\$20,383,017
Apr-06	\$3,023,749	\$3,307,804	\$1,950,933	\$10,065,542	\$85,723	\$18,433,750
May-06	\$3,284,421	\$3,732,544	\$2,112,287	\$11,110,610	\$84,231	\$20,324,093
Jun-06	\$3,171,375	\$3,493,076	\$2,012,044	\$10,741,203	\$70,285	\$19,487,984
Jul-06	\$3,115,590	\$3,432,599	\$1,912,466	\$10,395,564	\$73,475	\$18,929,694
Aug-06	\$3,290,960	\$3,832,641	\$2,133,033	\$10,964,468	\$71,459	\$20,292,561
Sep-06	\$3,116,118	\$3,596,127	\$2,141,997	\$10,509,634	\$73,684	\$19,437,561
Oct-06	\$3,284,663	\$3,883,621	\$2,260,267	\$11,112,252	\$60,966	\$20,601,769

* Unable to tag claims to a specific coverage level.

Medical Claims Utilization

The following is based on medical claims (does not include Rx) incurred from January 2006 to October 2006. (Note: Services are tracked by each service, not by each visit. Therefore if two laboratory services are performed at one visit, it will count as two services.)

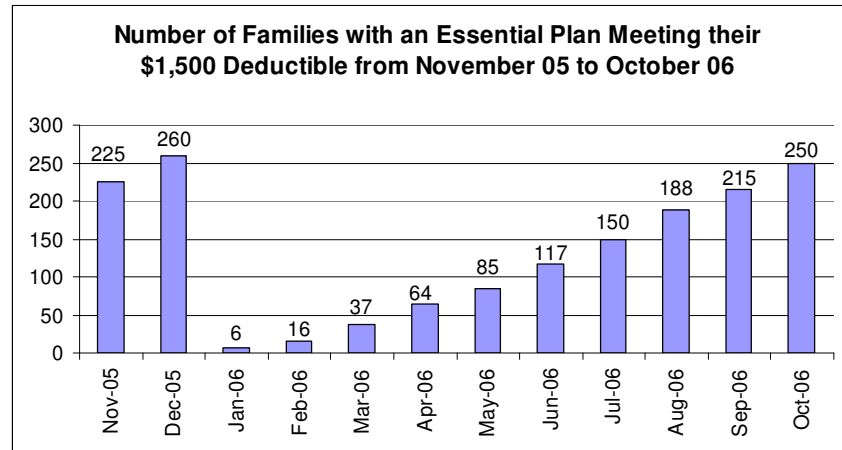
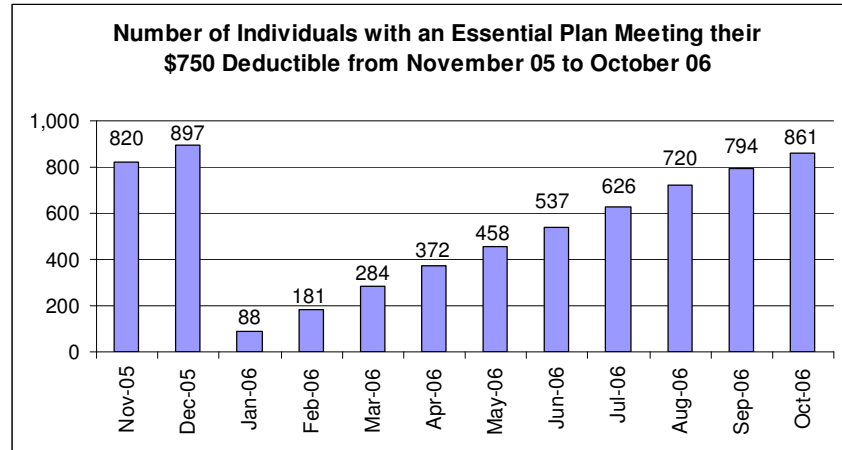
Plans	Number of Hospital Admits per 1000 Members	Average Length of Stay per Admission	Total Admission Days Per 1000 Members	Office Visits per 1000 Members	ER Visits Per 1000 Members	Outpatient Laboratory Services Per 1000 Members	Outpatient Radiology Services Per 1000 Members
Commonwealth Enhanced	69.41	3.81	264.33	7,078.65	201.56	6,564.77	2,391.44
Commonwealth Essential	54.64	3.75	204.65	3,611.87	178.13	3,698.12	1,415.12
Commonwealth Premier	100.75	4.13	416.17	9,382.12	236.36	9,371.36	3,406.75
~Missing		3.56					
All Plans	86.33	3.98	344	8,154.65	218.81	7,897.43	2,873.30

*Missing means the claims could not be tagged to a specific plan.

Analysis of Individuals and Families meeting their Deductible

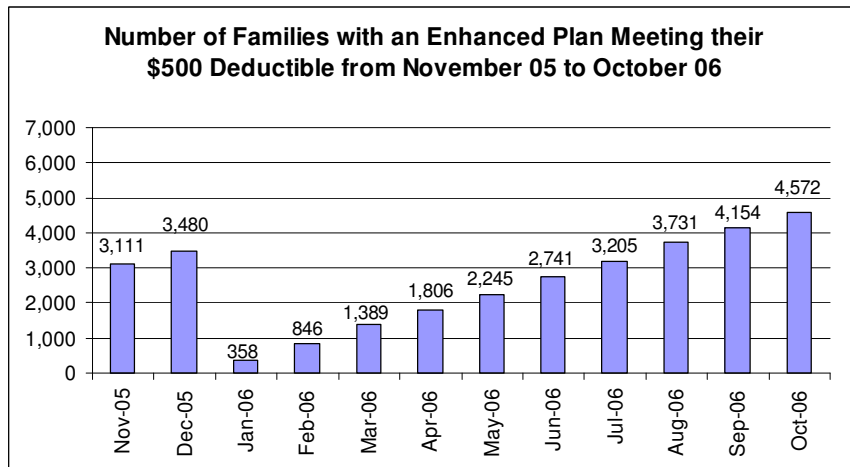
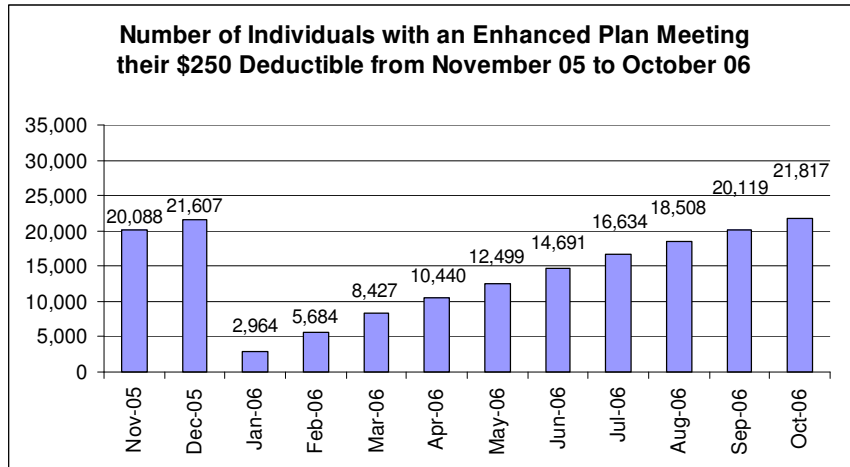
The following details the number of individuals and families by plan, meeting their deductible amounts for the most recent rolling year. The report is based on incurred claims.

Essential

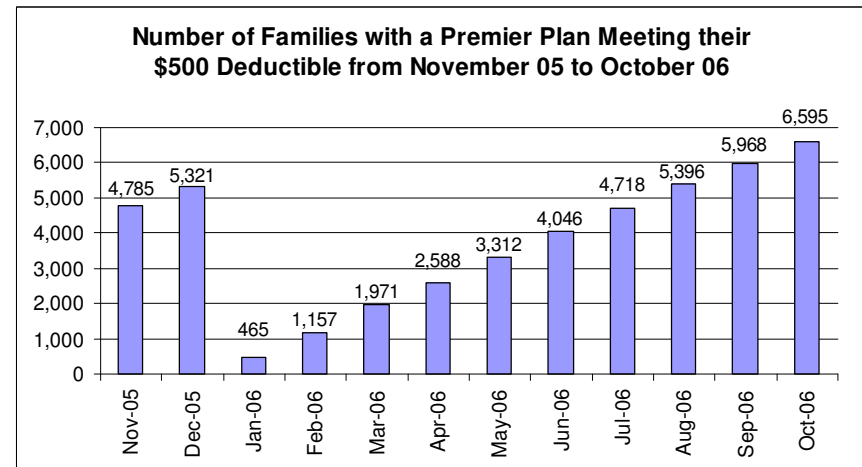
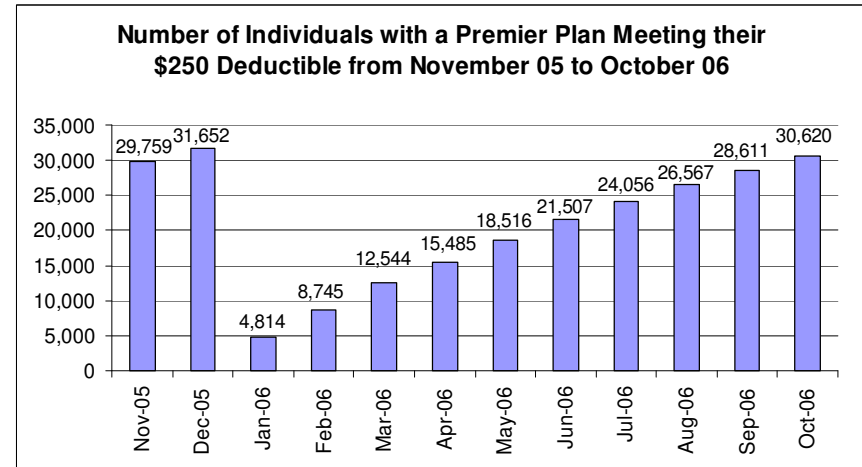


A total of 18.65% of Individuals with an Essential Plan met their deductible while 12.40% of Families met their deductible in 2005.

Enhanced



Premier

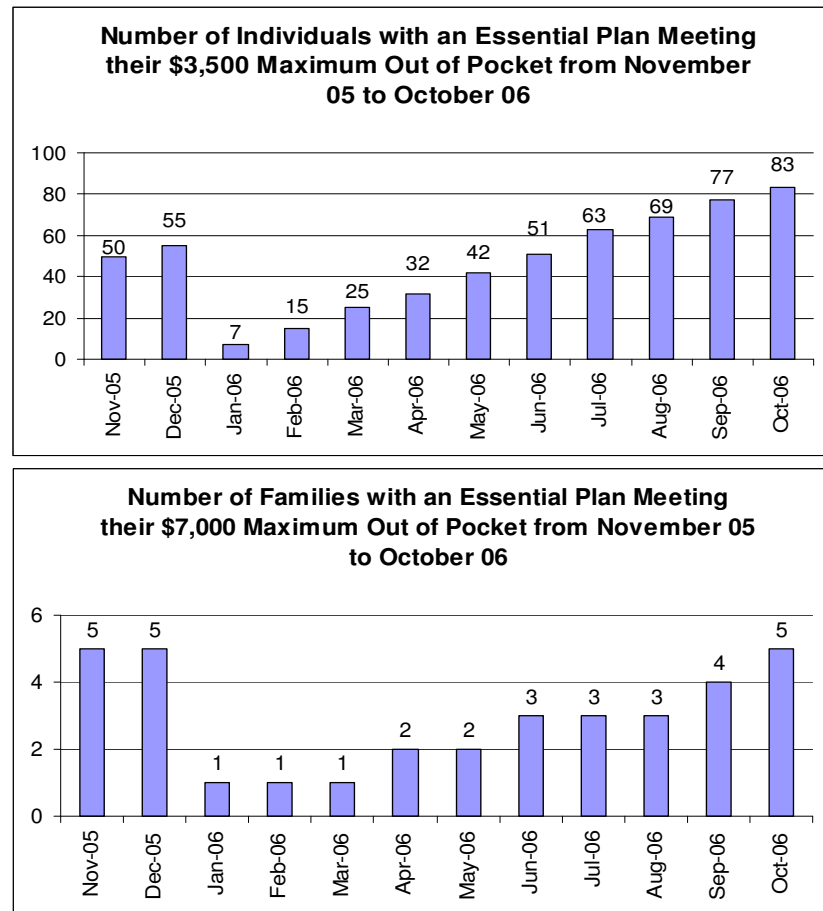


A total of 19.39% of Individuals with an Enhanced Plan met their deductible while 5.00% of Families met their deductible in 2005.
A total of 27.85% of Individuals with a Premier Plan met their deductible while 6.93% of Families met their deductible in 2005.

Analysis of Individuals and Families meeting their Maximum Out of Pocket expenses.

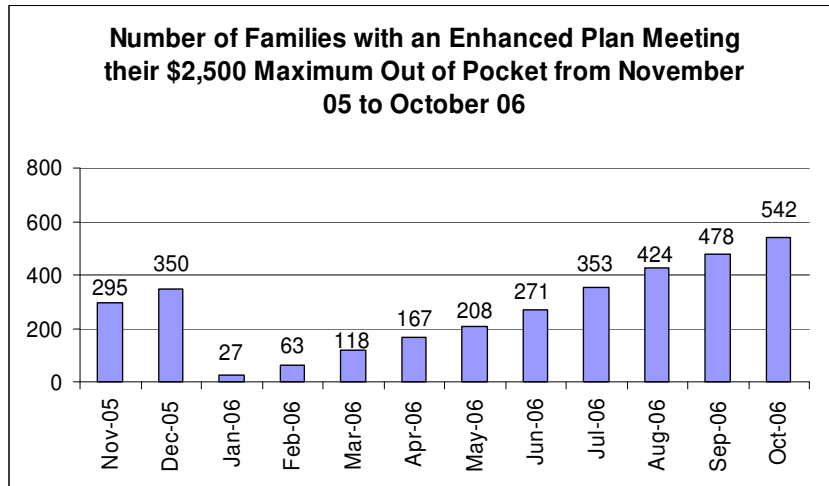
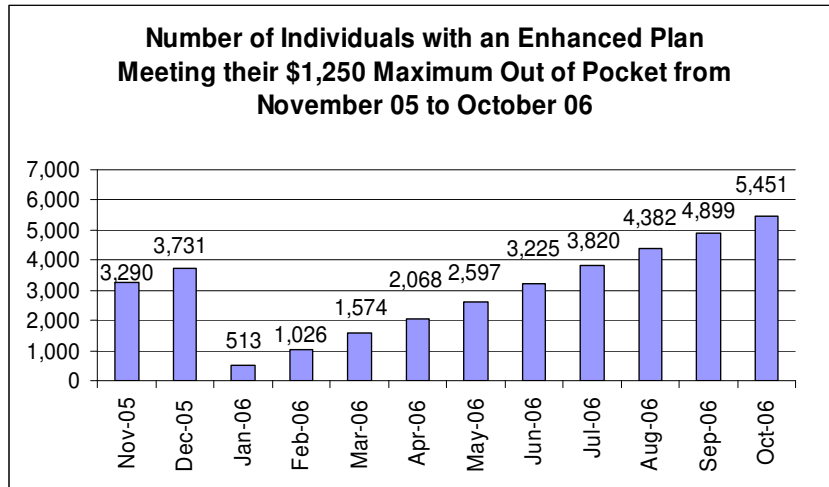
The following details the number of individuals and families by plan, meeting their maximum out of pocket amounts for the most recent rolling year. The report is based on incurred claims.

Essential

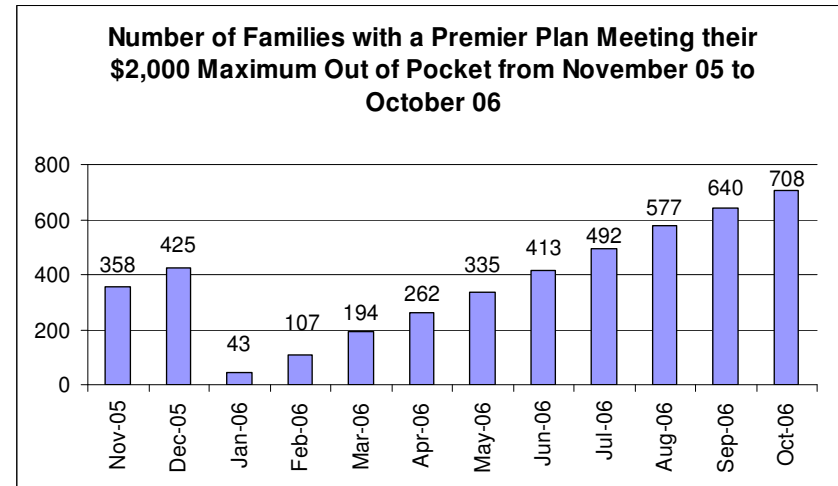
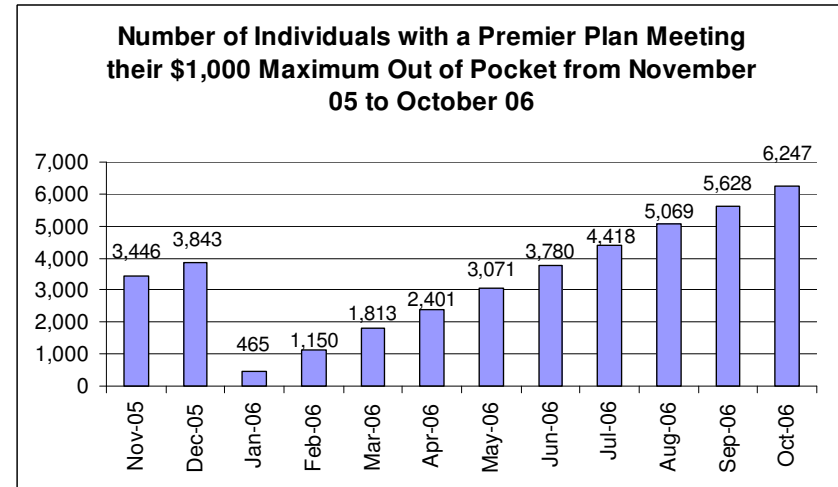


A total of 1.14% of Individuals with an Essential Plan met their Maximum Out of Pocket while 0.24% of Families met their Maximum Out of Pocket in 2005.

Enhanced



Premier



A total of 3.35% of Individuals with an Enhanced Plan met their Maximum Out of Pocket while 0.50% of Families met their Maximum Out of Pocket in 2005.

A total of 3.38% of Individuals with a Premier Plan met their Maximum Out of Pocket while 0.55% of Families met their Maximum Out of Pocket in 2005.

Premium (or Premium Equivalent)

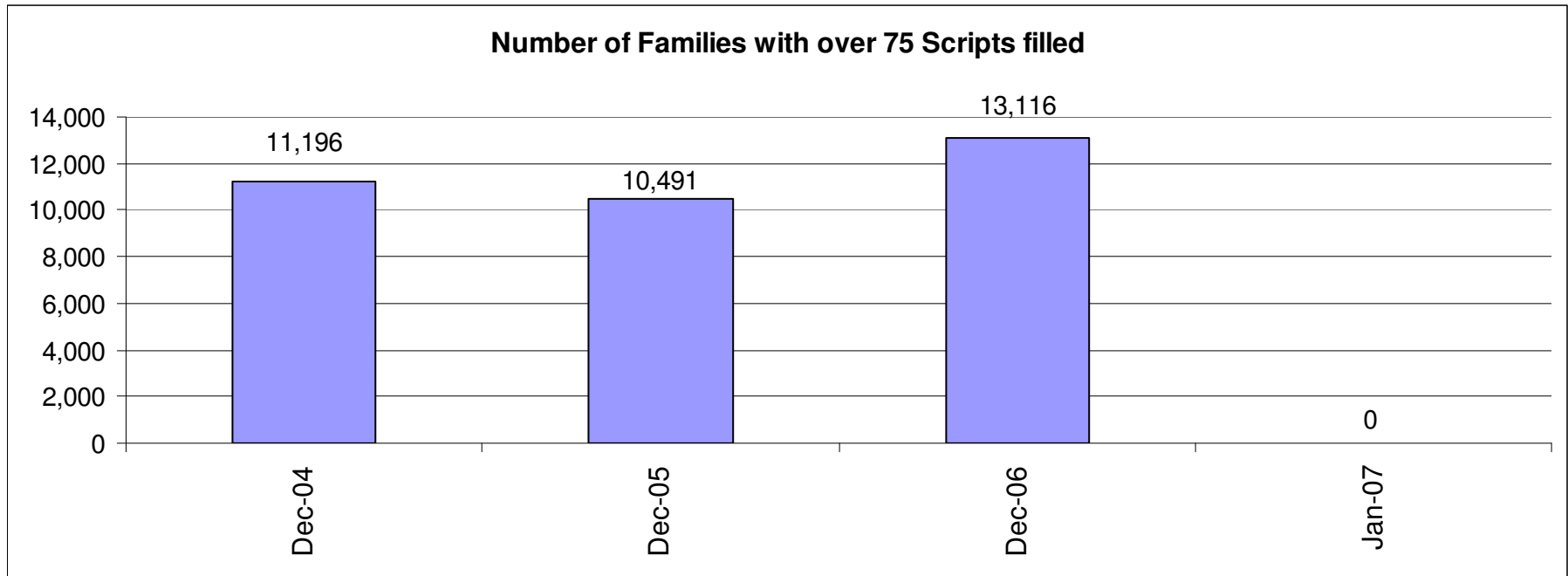
The following details the amount of premium (or premium equivalent) paid by the employee and employer for 2005, 2006, and monthly year-to-date for 2007.

Time Period	Employee Premium Amount	Employer Premium Amount	Total Premium Amount
2005	\$143,746,542	\$808,691,861	\$952,438,403
2006	\$153,948,125	\$949,903,267	\$1,103,851,392
Jan-07	\$14,022,781	\$80,685,817	\$94,708,598

NOTE: Premium (or premium equivalent) is based on enrollment using published premium rates – it is NOT based on actual payments received!

Prescription Drug Utilization

The following details the number of families that have purchased 75 scripts or more during 2004, 2005, 2006 and monthly year-to-date for 2007. After a family has filled 75 prescriptions the co-payment was reduced to \$10 for 2nd tier and \$20 for 3rd tier.



The following details the type of prescription filled, the % that were generic, and the generic efficiency rate for the most recent rolling year. The generic percentage rate and generic efficiency rate increased in 2006. Based on Incurred claims.

	Generic	Brand Name, Generic Available	Brand Name	Other*	Total	Scripts Rx % Generic	Scripts Generic Efficiency Rx
Nov-05	183,537	15,560	158,963	8,505	366,565	50.07%	92.18%
Dec-05	151,254	12,565	120,143	9,700	293,662	51.51%	92.33%
Jan-06	194,259	14,786	156,015	7,383	372,443	52.16%	92.93%
Feb-06	187,010	13,166	148,210	7,333	355,719	52.57%	93.42%
Mar-06	214,719	14,532	168,531	7,960	405,742	52.92%	93.66%
Apr-06	187,882	12,884	147,403	6,738	354,907	52.94%	93.58%
May-06	206,410	13,759	160,013	8,163	388,345	53.15%	93.75%
Jun-06	198,927	13,304	150,817	7,938	370,986	53.62%	93.73%
Jul-06	195,445	12,946	141,707	15,018	365,116	53.53%	93.79%
Aug-06	207,435	13,206	145,650	20,464	386,755	53.63%	94.01%
Sep-06	211,849	12,363	139,265	15,586	379,063	55.89%	94.49%
Oct-06	227,281	13,252	146,044	13,368	399,945	56.83%	94.49%

*Includes: Over the Counter (usually includes items such as diabetic supplies, syringes, and test strips, etc.), Other/Unavailable or Missing (unable to tag to a specific group).

The following details the number of members and patients utilizing prescription benefits and the associated costs for the most recent rolling year. Based on Incurred claims.

	Members	Patients	Scripts	Scripts Per Member	Scripts Per Patient	Allow Amt Per Script*	Net Pay Per Script	Average out of pocket cost per member	Average out of pocket cost per patient
Nov-05	233,617	134,806	366,565	1.57	3.15	\$60.45	\$46.34	\$22.11	\$38.31
Dec-05	234,180	130,971	293,662	1.25	2.81	\$59.98	\$46.04	\$17.43	\$31.16
Jan-06	234,184	144,149	372,443	1.59	3.03	\$63.45	\$51.66	\$18.75	\$30.46
Feb-06	234,341	144,010	355,719	1.52	2.88	\$61.66	\$49.98	\$17.73	\$28.86
Mar-06	234,253	151,791	405,742	1.73	3.09	\$61.88	\$50.24	\$20.16	\$31.11
Apr-06	234,623	142,137	354,907	1.51	2.92	\$63.68	\$51.94	\$17.76	\$29.32
May-06	234,631	147,082	388,345	1.66	3.07	\$63.96	\$52.34	\$19.24	\$30.70
Jun-06	234,812	145,454	370,986	1.58	3.02	\$63.95	\$52.53	\$18.04	\$29.12
Jul-06	235,076	145,049	365,116	1.55	3.00	\$63.00	\$51.85	\$17.32	\$28.08
Aug-06	233,327	147,904	386,755	1.65	3.07	\$63.35	\$52.47	\$18.04	\$28.46
Sep-06	231,772	145,025	379,063	1.63	3.02	\$61.89	\$51.28	\$17.35	\$27.73
Oct-06	238,592	151,134	399,945	1.67	3.09	\$62.03	\$51.51	\$17.63	\$27.84

* "Allow Amt" is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.

The following top 25 drug analysis is based on Rx claims incurred from January 2006 to October 2006.

Product Name*	Total Rx Payments	Net Pay Rx as % of All Drugs	Number of Scripts	Net Pay Per Day Supply Rx	Number of members receiving an RX
ZOCOR	\$6,226,960	3.19%	44,212	\$3.82	13,013
NEXIUM	\$5,884,849	3.02%	37,631	\$4.39	6,886
SINGULAIR	\$4,342,286	2.23%	48,407	\$2.58	10,812
PREVACID	\$4,049,940	2.08%	25,321	\$4.57	4,802
ENBREL	\$3,922,800	2.01%	2,411	\$51.57	375
EFFEXOR-XR	\$3,628,963	1.86%	29,226	\$3.70	4,940
WELLBUTRIN XL	\$3,014,154	1.55%	22,041	\$4.00	4,196
CRESTOR	\$2,971,200	1.52%	36,420	\$2.31	7,372
AVANDIA	\$2,880,124	1.48%	20,004	\$4.13	3,382
VYTORIN	\$2,790,015	1.43%	34,480	\$2.26	6,743
TOPAMAX	\$2,693,955	1.38%	12,162	\$6.73	2,554
LEXAPRO	\$2,513,633	1.29%	36,971	\$2.04	7,232
ZOLOFT	\$2,446,514	1.26%	30,442	\$2.38	6,833
PROTONIX	\$2,440,016	1.25%	23,556	\$2.98	4,750
SIMVASTATIN	\$2,362,375	1.21%	32,440	\$2.06	12,077
ACTOS	\$2,190,370	1.12%	15,020	\$4.16	2,777
PLAVIX	\$2,086,639	1.07%	16,395	\$3.63	3,398
FEXOFENADINE HCL	\$2,040,453	1.05%	42,762	\$1.54	12,704
LOTREL	\$1,830,523	0.94%	22,484	\$2.37	3,357
ZYRTEC	\$1,773,377	0.91%	49,595	\$1.06	15,964
LIPITOR	\$1,754,669	0.90%	22,228	\$2.11	4,294
TRICOR	\$1,726,730	0.89%	19,018	\$2.58	3,474
ADVAIR DISKUS 250/50	\$1,674,117	0.86%	10,025	\$4.85	3,243
LEVAQUIN	\$1,613,117	0.83%	18,033	\$10.00	13,637
CELEBREX	\$1,596,603	0.82%	13,292	\$3.33	3,205

*"Product Name" includes all strengths/formulations of a drug.

In summary the top 25 drugs represent over 17% of the total scripts and over 36% of total Rx expenditures.

Summary	Total Rx Payments	Number of Scripts	Days Supply Rx
Top Drugs	\$70,454,384	664,576	22,546,834
All Product Names	\$194,908,638	3,779,021	107,537,101
Top Drugs as Pct of All Drugs	36.15%	17.59%	20.97%

Utilization

The top 25 clinical conditions based on “incurred claims” from January 2006 to October 2006 are detailed below. (Note: Total Medical Payments represents only the payments made for the specified condition.)

Clinical Conditions	Total Medical Payments	Medical Payments Inpatient	Medical Payments Outpatient	Admissions per 1000 Members	Average Length of Stay per Admission	Office Visits Per 1000 Members	ER Visits Per 1000 Members	Number of Patients	Net Pay Per Patient Medical
“Other” conditions not otherwise categorized*	\$37,244,648	\$5,834,882	\$30,448,409	2.81	7.7	339.49	12.59	63,266	\$588.70
Coronary Artery Disease	\$30,634,692	\$19,684,837	\$10,944,407	5.29	3.23	70.69	2.85	7,650	\$4,004.53
Respiratory Disord, NEC	\$29,299,890	\$7,963,561	\$21,227,148	2.98	2.5	122.63	16.71	24,908	\$1,176.32
Prevent/Admin Hlth Encounters	\$28,615,810	\$218,536	\$28,384,669	0.05	3.33	675.9	0.79	112,575	\$254.19
Gastroint Disord, NEC	\$24,287,173	\$4,653,344	\$19,625,660	2.2	4.16	159.13	15.54	29,287	\$829.28
Spinal/Back Disorders, NEC	\$23,026,413	\$5,250,057	\$17,745,287	1.44	2.69	631.05	5.33	27,894	\$825.50
Arthropathies/Joint Disord NEC	\$20,239,682	\$1,498,860	\$18,675,767	0.6	3.65	696.27	6.74	46,425	\$435.97
Osteoarthritis	\$18,918,943	\$11,298,604	\$7,602,635	3.06	3.42	185.93	0.39	15,311	\$1,235.64
Pregnancy w Vaginal Delivery	\$12,188,492	\$12,118,492	\$70,000	6.44	2.36	0.59	0.01	2,152	\$5,663.80
Cancer - Breast	\$10,738,107	\$510,837	\$10,224,966	0.42	3.33	49.91	0.08	2,196	\$4,889.85
Infections - ENT Ex Otitis Med	\$10,114,674	\$331,103	\$9,715,765	0.43	2.42	527.29	9.83	68,770	\$147.08
Renal Function Failure	\$10,072,726	\$1,299,092	\$8,650,498	0.31	5.36	11.32	0.34	1,312	\$7,677.38
Cholecystitis/Cholelithiasis	\$9,020,771	\$2,651,022	\$6,369,749	1.53	3.45	7.52	1.35	2,156	\$4,184.03
Condition Rel to Tx - Med/Surg	\$8,924,729	\$6,763,521	\$2,145,883	2.35	5.36	6.4	1.92	2,010	\$4,440.16
Infec/Inflam - Skin/Subcu Tiss	\$8,083,494	\$1,913,260	\$6,131,134	1.33	4.16	259.09	5.23	35,672	\$226.61

Clinical Conditions	Total Medical Payments	Medical Payments Inpatient	Medical Payments Outpatient	Admissions per 1000 Members	Average Length of Stay per Admission	Office Visits Per 1000 Members	ER Visits Per 1000 Members	Number of Patients	Net Pay Per Patient Medical
Gynecological Disord, NEC	\$7,643,328	\$1,391,926	\$6,250,648	0.88	2.32	83.55	1.34	17,372	\$439.98
ENT Disorders, NEC	\$7,583,331	\$302,567	\$7,270,741	0.14	3.07	663.03	2.74	31,477	\$240.92
Hypertension, Essential	\$7,518,189	\$1,091,738	\$6,413,867	0.57	3.73	324.76	1.47	39,798	\$188.91
Nutritional Disorders, NEC	\$7,479,967	\$1,169,942	\$6,293,698	0.8	3.54	214.1	1.65	38,848	\$192.54
Hernia/Reflux Esophagitis	\$7,293,618	\$1,711,328	\$5,581,104	0.84	4.1	54.08	1.35	10,281	\$709.43
Diabetes	\$7,102,205	\$1,484,902	\$5,572,847	0.77	4.55	201.95	1.35	17,213	\$412.61
Newborns, w/w/o Complication	\$7,084,239	\$6,712,277	\$371,962	7.61	3.53	3.4	0.08	2,320	\$3,053.55
Chemotherapy Encounters	\$7,037,064	\$711,012	\$6,326,053	0.35	3.29	1.11	0	330	\$21,324.44
Urinary Tract Calculus	\$7,031,290	\$1,004,940	\$6,026,256	1.02	2.4	15.82	4.39	2,567	\$2,739.11
Cardiac Arrhythmias	\$6,537,049	\$3,057,821	\$3,459,727	1.19	3.02	40.21	2.08	4,799	\$1,362.17

*Based on ICD-9 codes that could not be attributed to any other condition.

In summary the top 25 clinical conditions represent over 58% of total paid claims for all clinical conditions.

Summary	Total Medical Payments	Medical Payments Inpatient	Medical Payments Outpatient	Admissions Per 1000 Members	Average Length of Stay per Admission	Office Visits Per 1000 Members	ER Visits Per 1000 Members
Top Clinical Conditions	\$353,720,523	\$100,628,459	\$251,528,880	45.41	3.59	5,345.25	96.15
All Clinical Conditions	\$605,103,972	\$180,251,586	\$422,485,338	86.33	3.98	8,154.65	218.81
Top Clinical Conditions as Pct of All Clinical Conditions	58.46%	55.83%	59.54%	52.60%	90.17%	65.55%	43.94%

Claims Lag Analysis

The following claims lag information is based on medical claims (does not include Rx) incurred from January 2006 to October 2006.

Plans	Number of Medical Claims	Avg Days Lag Per Claim	% Claims Paid Within 30 Days	% Claims Paid Within 60 Days	% Claims Paid Within 90 Days
Commonwealth Enhanced	2,339,270	24.5	80.84%	90.44%	94.54%
Commonwealth Essential	51,167	30.7	75.37%	86.22%	91.67%
Commonwealth Premier	3,287,097	24.2	81.02%	90.75%	94.76%
~Missing*	1	175	0.00%	0.00%	0.00%
All Plans	21,456	40.5	61.54%	80.05%	87.73%

*Missing means the claims could not be tagged to a specific plan.

The following claims lag information is based on all claims (Medical and Rx) incurred and paid during the most recent rolling year.

Paid	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06
Incurred						
Feb-06	\$33,503,834	\$27,144,347	\$5,802,402	\$2,507,251	\$1,664,501	\$1,032,648
Mar-06	N/A	\$42,751,720	\$28,170,351	\$6,467,371	\$3,433,255	\$1,926,786
Apr-06	N/A	N/A	\$34,493,824	\$28,818,772	\$4,394,032	\$2,645,560
May-06	N/A	N/A	N/A	\$41,366,106	\$29,072,632	\$7,069,557
Jun-06	N/A	N/A	N/A	N/A	\$43,026,694	\$30,749,516
Jul-06	N/A	N/A	N/A	N/A	N/A	\$38,381,466
Aug-06	N/A	N/A	N/A	N/A	N/A	N/A
Sep-06	N/A	N/A	N/A	N/A	N/A	N/A
Oct-06	N/A	N/A	N/A	N/A	N/A	N/A
Nov-06	N/A	N/A	N/A	N/A	N/A	N/A
Dec-06	N/A	N/A	N/A	N/A	N/A	N/A
Jan-07	N/A	N/A	N/A	N/A	N/A	N/A

Paid	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Jan-07
Incurred						
Feb-06	\$504,257	\$282,455	\$164,156	\$107,877	\$61,974	\$229,507
Mar-06	\$819,310	\$763,813	\$235,727	\$332,886	\$123,455	\$177,024
Apr-06	\$940,951	\$1,049,988	\$279,149	\$389,339	\$68,811	\$223,758
May-06	\$3,771,359	\$1,565,134	\$293,135	\$532,411	\$209,542	\$112,881
Jun-06	\$5,714,004	\$2,098,163	\$1,117,327	\$586,940	\$544,921	\$373,832
Jul-06	\$32,900,170	\$4,940,269	\$1,944,501	\$852,145	\$522,618	\$264,809
Aug-06	\$45,213,813	\$30,583,989	\$5,336,499	\$2,241,538	\$1,071,890	\$796,623
Sep-06	N/A	\$40,454,408	\$28,271,700	\$4,948,949	\$2,146,331	\$832,198
Oct-06	N/A	N/A	\$46,580,222	\$27,686,628	\$6,768,712	\$2,272,198
Nov-06	N/A	N/A	N/A	\$43,819,955	\$32,788,971	\$5,738,706
Dec-06	N/A	N/A	N/A	N/A	\$44,152,401	\$31,923,797
Jan-07	N/A	N/A	N/A	N/A	N/A	\$46,939,731

Claims Distribution based on Age/Gender

The following is based on claims incurred from January 2006 to October 2006.

Age Group Medstat	Female			Male		
	Members Avg	Net Pay Med and Rx	Net Pay Per Member	Members Avg	Net Pay Med and Rx	Net Pay Per Member
Ages < 1	371	\$3,762,602	\$10,144.52	393	\$4,883,423	\$12,438.67
Ages 1-4	4,218	\$6,068,625	\$1,438.74	4,352	\$10,471,388	\$2,406.28
Ages 5-9	5,693	\$4,749,085	\$834.21	6,009	\$6,436,236	\$1,071.05
Ages 10-14	6,474	\$7,044,537	\$1,088.09	6,817	\$6,961,961	\$1,021.23
Ages 15-17	4,533	\$5,939,191	\$1,310.15	4,716	\$7,174,490	\$1,521.37
Ages 18-19	3,138	\$4,857,415	\$1,548.08	3,356	\$3,885,249	\$1,157.70
Ages 20-24	7,082	\$11,873,609	\$1,676.61	6,292	\$7,341,846	\$1,166.87
Ages 25-29	7,884	\$21,141,060	\$2,681.48	3,846	\$4,808,849	\$1,250.48
Ages 30-34	8,701	\$25,403,559	\$2,919.48	4,710	\$8,017,322	\$1,702.23
Ages 35-39	10,555	\$31,194,914	\$2,955.55	5,510	\$10,876,043	\$1,973.91
Ages 40-44	11,696	\$40,371,926	\$3,451.83	6,283	\$16,526,576	\$2,630.32
Ages 45-49	14,551	\$56,196,723	\$3,862.13	7,772	\$25,937,074	\$3,337.46
Ages 50-54	17,697	\$77,567,037	\$4,383.01	10,355	\$42,755,192	\$4,128.98
Ages 55-59	19,529	\$97,275,646	\$4,981.21	12,577	\$63,674,561	\$5,062.74
Ages 60-64	14,611	\$87,721,221	\$6,003.70	9,777	\$61,839,388	\$6,325.24
Ages 65-74	3,039	\$20,314,774	\$6,684.47	2,232	\$16,941,086	\$7,589.07

Allowed Amount Distribution

The following shows the distribution of members with allowed amount of charges within specified ranges from January 2005 to October 2006. The distribution is based on incurred claims.

Allowed Amount	2005	YTD - 2006
less than 0.00	90	1
\$0.00 - \$499.99	50,002	58,651
\$500.00 - \$999.99	29,231	34,125
\$1,000.00 - \$1,999.99	35,408	40,524
\$2,000.00 - \$4,999.99	47,471	50,744
\$5,000.00 - \$9,999.99	26,210	25,097
\$10,000.00 - \$14,999.99	9,138	8,314
\$15,000.00 - \$19,999.99	4,055	3,667
\$20,000.00 - \$29,999.99	3,539	3,195
\$30,000.00 - \$49,999.99	2,312	2,120
\$50,000.00 - \$74,999.99	932	809
\$75,000.00 - \$99,999.99	390	387
\$100,000.00 - \$149,999.99	299	245
\$150,000.00 - \$199,999.99	116	83
\$200,000.00 - \$249,999.99	57	49
over \$249,999.99	74	66
Total	209,324	228,077

Summary of Enrollment and Claims

The following provides a summary of members, incurred medical claims, and incurred Rx claims for the most recent rolling year.

Time Period	Members	Net Pay Med and Rx	Net Pay Med	Net Pay Rx	Claims Paid	Claims Paid Med	Scripts Rx
Nov-05	233,617	\$70,910,018	\$53,925,078	\$16,984,940	636,636	264,655	366,565
Dec-05	234,180	\$70,983,786	\$57,462,393	\$13,521,393	565,959	256,465	293,662
Jan-06	234,184	\$75,285,695	\$56,044,946	\$19,240,749	636,786	258,327	372,443
Feb-06	234,341	\$73,005,209	\$55,227,747	\$17,777,462	611,994	250,676	355,719
Mar-06	234,253	\$85,201,696	\$64,818,680	\$20,383,017	701,609	289,443	405,742
Apr-06	234,623	\$73,304,183	\$54,870,433	\$18,433,750	603,734	242,779	354,907
May-06	234,631	\$83,992,756	\$63,668,663	\$20,324,093	662,827	267,730	388,345
Jun-06	234,812	\$84,211,397	\$64,723,414	\$19,487,984	650,914	273,318	370,986
Jul-06	235,076	\$79,805,977	\$60,876,283	\$18,929,694	632,663	260,320	365,116
Aug-06	233,327	\$85,244,352	\$64,951,791	\$20,292,561	670,367	274,112	386,755
Sep-06	231,772	\$76,653,585	\$57,216,024	\$19,437,561	631,035	244,497	379,063
Oct-06	238,592	\$83,307,760	\$62,705,992	\$20,601,769	685,410	278,528	399,945

NOTE: Includes run out data from all Carriers

The following illustrates the change in incurred claims amounts (includes medical and Rx) by rolling year.

Incurred Rolling Years	Members	Total Medical and Rx Claims	Total Medical Claims	Total RX Claims
Nov 2004 - Oct 2005	229,135	\$808,697,139	\$626,717,057	\$182,689,548
Nov 2005 - Oct 2006	234,627	\$941,791,897	\$716,491,444	\$225,415,662
% Change (Roll Yrs)	2.40%	16.50%	14.30%	23.40%